

# Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

## Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

# 787-99-5

☐ Termination – See Part 5

List I.D. number:

#

\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

\_\_\_\_\_  
Date of Termination

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OFFICE OF  
THE CITY CLERK  
CITY OF NEWPORT BEACH

CALIFORNIA  
FORM 410

For Official Use Only

## 1. Committee Information

NAME OF COMMITTEE

Newport Beach Police Management Association  
Legislative Action Committee

STREET ADDRESS (NO P.O. BOX)

870 Santa Barbara Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	(949) 644-3730

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Orange

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Tom Fischbacher

STREET ADDRESS

870 Santa Barbara Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	(949) 644-3730

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Steve Rasmussen (P), Doug Jones (VP), Dale Johnson, Lloyd Whisenant (SEC)

MAILING ADDRESS

870 Santa Barbara Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	(949) 644-3730

## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12-12-11  
DATE

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT